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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000042537 (9)**

1. Corporation Name

FLORIDA LITIGATION APPRAISAL, INC.

Principal Place of Business	Mailing Address
15619 PREMIERE DR SUITE 104 TAMPA FL 33624	15619 PREMIERE DR SUITE 104 TAMPA FL 33624

3. Date Incorporated or Qualified: 06/10/1993
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 10333 ASHLEY OAKS DRIVE
22 Suite, Apt. #, etc.
23 City & State: RIVERVIEW, FL.
24 Zip: 33569 25 Country: USA

2a. Mailing Address
26 10333 ASHLEY OAKS DRIVE
27 Suite, Apt. #, etc.
28 City & State: RIVERVIEW, FL.
29 Zip: 33569 30 Country: USA

4. FEI Number: 59-3189769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRACZYK, STEVEN M
15619 PREMIERE DR
SUITE 104
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 10333 ASHLEY OAKS DRIVE
83
84 City: RIVERVIEW **FL** 85 Zip Code: 33569

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (Not required if current agent signing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	TRACZYK, STEVEN M.	12 NAME	
STREET ADDRESS	15619 PREMIERE DRIVE, SUITE 104	13 STREET ADDRESS	10333 ASHLEY OAKS DRIVE
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	RIVERVIEW, FL. 33569
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	100001866671
STREET ADDRESS		53 STREET ADDRESS	-06/19/96--01033--031
CITY-ST-ZIP		54 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	6-26-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] STEVEN M. TRACZYK 5/1/96 (813)671-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President